

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH: County Gila State ARIZONA
Township _____ City _____ or Village _____ No. _____

State File No. _____

Registered No. _____

2. Full name of child RUFFINI (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
3. Sex Male M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? _____ 8. Date of birth 11-21-1891 193
(Month, day, year)

FATHER		MOTHER	
1. Full name <u>Ruffini</u>	18. Full maiden name _____	19. Residence (usual place of abode) (If nonresident, give place and State) _____	20. Color or race _____
2. Residence (usual place of abode) (If nonresident, give place and State) _____	21. Age at last birthday _____ (years)	22. Birthplace (city or place and State or country): _____	23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
3. Color or race _____	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	25. Date (month and year) last engaged in this work _____ 193	26. Total time (years) spent in this work _____
4. Birthplace (city or place and State or country): _____	27. Total time (years) spent in this work _____	OCCUPATION	

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ Before labor _____ During labor _____

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)
(Signed) J. W. Largent M. D.
or _____ Midwife
Address _____
Filed 11-29-1891 193
Registrar _____

699-1121-210